

**LA TEST # 10**

FORMS REQUIRED:

**FORM 1040, SCH C, SCH E PG 2, FORM 5329, FORM 8879, FORM 8901, IT540, SCH E, SCH G****INFORMATION RETURNS ATTACHED:**

FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

**ENTRIES NOT REQUIRING FORMS:**

FORM 1040, LINE17:

PARTNERSHIP INCOME (**K-1**)24,400**STATEMENTS:****OTHER:**

STATUTORY EMPLOYEE

DIRECT DEPOSIT

THIRD PARTY DESIGNEE:

NONE

PREPARED BY:

TAXPAYER:NAME:

LATEST T ISLANDER

SSN:

400-00-4316

DOB:

8/22/1936

OCCUPATION:

INSURANCE BROKER

DISABLED: DEAF

PRES ELEC FUND:

YES

DAYTIME PHONE:

NOT GIVEN

BLIND:

NO

CHECK DIGITS FROM IRS LABEL:

JU

ADDRESS:

123 PLAY HERE ST

Baton Rouge, La 70802

FILING STATUS:

HEAD OF HOUSEHOLD

LINE 6d:

1 HOH

QUALIFYING NAME:

MICHAEL ISLANDER

SSN:

400-55-3016

AGE:

18

DIRECT DEPOSIT:

NAME OF INSTITUTION:

NINTH BANK OF DESTIN

RTN:

024567891

ACCT#:

ABC-123-4567890

TYPE OF ACCOUNT:

SAVINGS

**SCHEDULE C:**

NAME OF PROPRIETOR:

LATEST T ISLANDER

SSN:

400-00-4316

LINE A:

INSURANCE SALES

LINE B:

524290

LINE D:

65-7044337

LINE F:

CASH

LINE G:

YES

**PART I:**

LINE 1:

28,900

STATUTORY EMPLOYEE BOX :

X

**PART II:**

LINE 18:

640

LINE 22:

4,065

LINE 23:

820

LINE 26:

8,300

**LA TEST #10****PART III:**

LINE 33a	COST
LINE 34	NO
LINE 35	0
LINE 41	0

**SCHEDULE E, PAGE 2:****PART II:**

LINE 27:	NO
LINE 28A(a):	SANDY SHORES,LP
LINE 28A(b):	P
LINE 28A(d):	56-8523699
LINE 28A(j):	24,400

**FORM 8901:**

First	Name	Last Name	SSN	Relationship
CHILD 1:	MICHAEL	ISLANDER	400-55-3016	SON
Date of Birth 5/1/1988				

**LA IT540**

LINE 17A - MILITARY FAMILY ASSISTANCE	50
LINE 21 - ADDL MILITARY FAMILY ASSISTANCE FUND	50
PURCHASES 8063 CONSUMER USE TAX	645

**SCHEDULE E:**

LINE 2A: RECAPTURE OF START	100
LINE 4I: CONTRIBUTION TO START SAVINGS	200

**SCHEDULE G:**

LINE 2A	DEAF
LINE 2E	100

**STATE DIRECT DEBIT**

RTN	24567891
ACCT #	ABC-123-4567890
ACCOUNT TYPE	SAVINGS
AMT OF PAYMENT	50
DIRECT DEBIT DATE	5/15/2007

**LA TEST # 10****FORMS INCLUDED:**

FORM 1040, FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

Form 1040:

Taxpayer's first name, initial, last name	LATEST T ISLANDER
Taxpayer's social security number	400-00-4316
Home address (number and street)	123 PLAY HERE ST
City, state, and zip	Baton Rouge, La 70802
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	HEAD OF HOUSEHOLD
Head of household qualifying person's name	MICHAEL ISLANDER
Qualifying person's social security number	400-55-3016
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6d: Total number of exemptions claimed	1
Line 12: Business income or (loss)	15075
Line 16b: Taxable amount of pensions and annuities	3000
Line 17: Rental real estate, royalties, partnerships	24400
Line 21: Other income	5000
Literal	BLACKJACK 5000
Line 22: Total income	47475
Line 37: Adjusted gross income	47475
Line 38: Enter amount from line 37	47475
Line 39a: You were born before January 2, 1942	39a: 1
Line 40: Itemized deductions or standard deduction	8800
Line 41: Subtract line 40 from line 38	38675
Line 42: Multiply \$3300 by the total number of exemptions claimed on line 6d	3300
Line 43: Taxable income	35375
Line 44: Tax	4769
Line 46: Add lines 44 and 45	4769
Line 56: Total credits	0
Line 57: Subtract line 56 from line 46	4769
Line 60: Additional tax on IRA's, other qualified plans	0
Line 63: Total tax	4769
Line 64: Federal income tax withheld	500
Line 65: Estimated tax payments and overpayment applied	5662
Line 72: Total payments	6162
Line 73: Overpaid	1393
Line 74a: Amount refunded	1393
Line 74b: Routing number	024567891
Line 74c: Account type	SAVINGS
Line 74d: Account number	ABC-123-4567890
Third party designee:	NO
Taxpayer's occupation:	INSURANCE BROKER

**LA TEST # 10****FORM W-2**

Box b:Employer identification number	58-2346821
Box c:Employer's name, address, and zip code	OUT OF STATE INSURANCE SERVICES 7000 SIX FLAGS DR ATLANTA GA 30301
Box d:Employee's social security number	400-00-4316
Box e:Employee's first name, initial, and last name	LATEST T ISLANDER
Box f:Employee's address and zip code	123 PLAY HERE ST Baton Rouge, La 70802
Box 1:Wages, tips, other compensation	28900
Box 2:Federal income tax withheld	0
Box 3:Social security wages	28900
Box 4:Social security tax withheld	1792
Box 5:Medicare wages and tips	2890
Box 6:Medicare tax withheld	419
Box 13:Statutory employee	X
Box 15:StateLAEmployer's state ID number	5822768001
Box 16:State wages, tips, etc	28900
Box 17:State income tax	2023

**FORM W-2G**

Payer's Name:	GULF CRUISE LINES
Payer's street address	DOCK 106 HARBOR ROW
Payer's city, state, and zip code	DESTIN FL 32540
Federal identification number	65-7294862
Box 1:Gross Winnings	5000
Box 2:Federal income tax withheld	500
Box 3:Type of wager	BLACKJACK
Box 4:Date won	2/14/2006
Box 9:Winner's taxpayer ID no	400-00-4316
Winner's Name:	LATEST T ISLANDER
Winner's street address	123 PLAY HERE ST
Winner's city, state, and zip code	Baton Rouge, La 70802
Box 13:State/Payer's state ID no	LA 5822764001

**LA TEST # 10****FORM 1099-R**

Payer's name, street address, city, state, and zip	VACATION INSURANCE SERVICES 93 BAY ST DESTIN FL 32540
Payer's federal identification number	65-9687321
Recipient's identification number	400-00-4316
Recipient's name	LATEST T ISLANDER
Recipient's street address	123 PLAY HERE ST
Recipient's city, state, and zip	Baton Rouge, La 70802
Box 1:Gross Distribution	3000
Box 2a:Taxable amount	3000
Box 2b:Total distribution	X
Box 7:Distribution code	7

**LA TEST # 10****FORMS REQUIRED:**

FORM 1040, SCH C, SCH E PG 2, FORM 5329, FORM 8901IT540, SCH E, SCH G

**INFORMATION RETURNS ATTACHED:**

FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

**ENTRIES NOT REQUIRING FORMS:**

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PARTNERSHIP INCOME (K-1) 24,400

**STATEMENTS:****OTHER:**

DIRECT DEPOSIT

STATUTORY EMPLOYEE

THIRD PARTY DESIGNEE:

NONE

PREPARED BY:

TAXPAYER: NAME:

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SSN:

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DOB:

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OCCUPATION:

INSURANCE BROKER

DISABLED: DEAF

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HEAD OF HOUSEHOLD

LINE 6d:

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QUALIFYING NAME:

MICHAEL ISLANDER

SSN:

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AGE:

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DIRECT DEPOSIT:

NAME OF INSTITUTION:

NINTH BANK OF DESTIN

RTN:

024567891

ACCT#:

ABC-123-4567890

TYPE OF ACCOUNT:

SAVINGS

SCHEDULE C:

NAME OF PROPRIETOR:

LATEST T ISLANDER

SSN:

400-00-4316

LINE A:

INSURANCE SALES

LINE B:

524290

LINE D:

65-7044337

LINE F:

CASH

LINE G:

YES

PART I:

LINE 1:

28,900

STATUTORY EMPLOYEE BOX :

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PART II:

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LINE 22:

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LINE 26:

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**LA TEST #10**

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LINE 35

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LINE 41

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**SCHEDULE E, PAGE 2:**

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LINE 28A(b):	P
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**FORM 8901:**

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Date of Birth 5/1/1988				

**LA IT540**

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RTN	24567891
ACCT #	ABC-123-4567890
ACCOUNT TYPE	SAVINGS
AMT OF PAYMENT	50
DIRECT DEBIT DATE	5/15/2007

**LA TEST # 10**

**FORMS INCLUDED:**

FORM 1040, FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

**Form 1040:**

Taxpayer's first name, initial, last name	LATEST T ISLANDER
Taxpayer's social security number	400-00-4316
Home address (number and street)	123 PLAY HERE ST
City, state, and zip	Baton Rouge, La 70802

Taxpayer's Presidential Election Campaign Fund	YES
Filing status	HEAD OF HOUSEHOLD
Head of household qualifying person's name	MICHAEL ISLANDER
Qualifying person's social security number	400-55-3016
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6d: Total number of exemptions claimed	1
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Line 43: Taxable income	35375
Line 44: Tax	4769
Line 46: Add lines 44 and 45	4769
Line 53: Child tax credit	0
Line 54: Credits from	
Line 55: Other credits	
Line 56: Total credits	0
Line 57: Subtract line 56 from line 46	4769
Line 60: Additional tax on IRA's, other qualified plans	0
Line 63: Total tax	4769
Line 64: Federal income tax withheld	500
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Line 74c: Account type	SAVINGS
Line 74d: Account number	ABC-123-4567890
Third party designee:	NO
Taxpayer's occupation:	INSURANCE BROKER

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**FORM W-2**

Box b: Employer identification number	58-2346821
Box c: Employer's name, address, and zip code	OUT OF STATE INSURANCE SERVICES 7000 SIX FLAGS DR ATLANTA GA 30301
Box d: Employee's social security number	400-00-4316
Box e: Employee's first name, initial, and last name	LATEST T ISLANDER
Box f: Employee's address and zip code	123 PLAY HERE ST Baton Rouge, La 70802

Box 1:Wages, tips, other compensation	28900
Box 2:Federal income tax withheld	0
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Payer's city, state, and zip code	DESTIN FL 32540
Federal identification number	65-7294862
Box 1:Gross Winnings	5000
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Box 9:Winner's taxpayer ID no	400-00-4316
Winner's Name:	LATEST T ISLANDER
Winner's street address	123 PLAY HERE ST
Winner's city, state, and zip code	Baton Rouge, La 70802
Box 13:State/Payer's state ID no	LA 5822764001

**LA TEST # 10**

**FORM 1099-R**

Payer's name, street address, city, state, and zip	VACATION INSURANCE SERVICES
	93 BAY ST
	DESTIN FL 32540
Payer's federal identification number	65-9687321
Recipient's identification number	400-00-4316
Recipient's name	LATEST T ISLANDER
Recipient's street address	123 PLAY HERE ST
Recipient's city, state, and zip	Baton Rouge, La 70802
Box 1:Gross Distribution	3000
Box 2a:Taxable amount	3000
Box 2b:Total distribution	X
Box 7:Distribution code	7